



BRIGHAM
AND
WOMEN'S
HOSPITAL

June 15, 1999

Asthma Research Center
75 Francis Street
Tower 4A, Room 014
Boston, Massachusetts 02115
Office (617) 732-8201
Fax (617) 732-2858

Letter - 1

Dear Flavia:

The Asthma Research Center at Brigham and Women's Hospital is dedicated to trying to find a cure for asthma and related respiratory diseases. We are studying the genetics of asthma and new ways to treat asthma. If you have asthma you may able to help in this important work. Our studies vary in length from one visit to seventeen visits over 24 weeks and pay from \$35 to \$2400.

Would you like to learn more about your eligibility to be in our studies? Please use one of the enclosed postcards to inform us of your interest and send it to us in the enclosed business reply envelope. If you do not respond within two weeks of receiving this letter we may contact you to assess your desire to participate. You may also call us at (617) 732-8201 or 1-888-99-ASTHMA.

Thank you for your effort in helping us further understand asthma.

Sincerely,

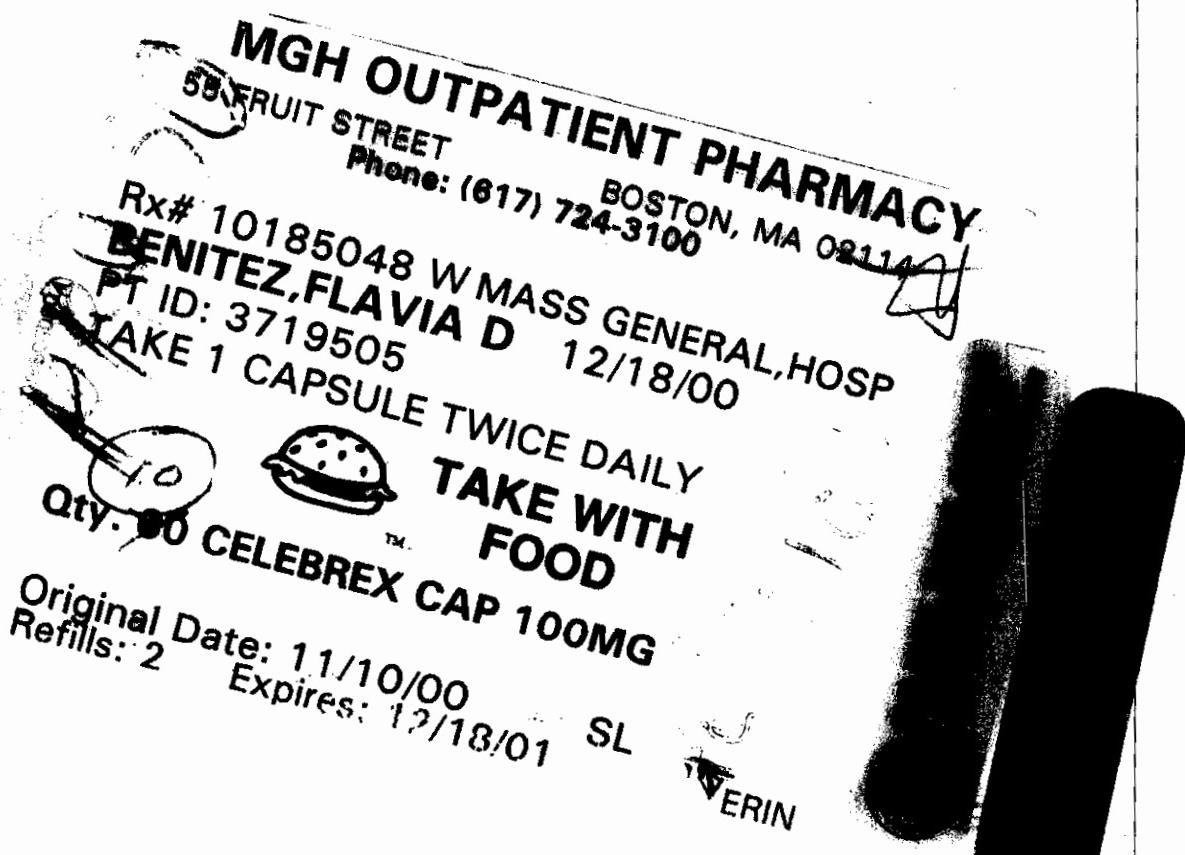
Elliot Israel

Elliot Israel, M.D.
Director Asthma Research Center

Flavia Benitez

171 Harrison Avenue, 2nd Floor
Boston, MA 02118

Exhibit — 2



Martha Eliot Health Center

75 Bickford Street
Jamaica Plain, MA 02130
617-971-2100
617-983-1377 (fax)

1966-1996
Thirty Years of Celebrating Families

Exhibit - 3

Joseph M. Carrillo, M.D.
Executive Medical Director

Karen B. Darcy, R.N.C., M.S.N.
Associate Director

Estimado(a): Flavia Benitez

Pediatric Medicine
Adolescent Medicine
Internal Medicine
Women's Health Services
Human Services
Dentistry
Mildred C. Hailey Vision Center
Podiatry
WIC/Nutrition
Laboratory
Chemical Addiction Services
HIV Prevention/Counseling/
Testing
Peer Leader Program
Youth Outreach

Usted tiene una cita en el Hospital de Brigham & Women's.

Clinica/Doctor: Physical Therapy

Fecha: 7/16/99

Hora: 3:30 pm

Por favor traiga este papel con usted a la cita.

Por favor traiga su tarjeta azul "del hospital" (tiene que registrarse) si no tiene tarjeta debe llegar 30 minutos antes para obtener una tarjeta.

Por favor llame a Judy al 971-2136 si necesita cancelar o cambiar su cita.

Sinceramente,

Judy Dig



S

Exhibit 4

BENITEZ, FLAVIA

ALBUTEROL

INHALE 17 GM #1

*FOR the treatment FOR THIS MEDICINE BY

USAGE INSTRUCTIONS of asthma (may also have other uses)

*Shake well before each use.

To be inhaled (unless your doctor specifies problems)

*Read all product information enclosed.

*Do not use more than the mouth.

*Notify your doctor often or more than the mouth.

*Do not puncture if you are taking a missed dose or incinerate or think remaining dose as soon as possible.

Do not double doses. as soon as possible, even if pregnant,

POTENTIAL SIDE EFFECTS *Store at room temperature for next dose. if you

Nervousness, throat irritation, contact your doctor if heartbeat, breathing, severe nausea/vomiting, or changes occur,

ADVERSE EFFECTS (may require treatment. Protect from light, cold, and heat.

*Trouble breathing, contact your doctor if heartbeat, breathing, severe nausea/vomiting, or changes occur,

heartburn, chest pain, mood changes, unusual bruising, muscle cramps, irregular

PATIENT INFORMATION

- *Take a missed dose as soon as possible, even if pregnant, as soon as possible, even if empty.
- *Store at room temperature for next dose. Space out the doses. Do not double doses.
- *Do not puncture if you are taking a missed dose or incinerate or think remaining dose as soon as possible.
- *Notify your doctor often or more than the mouth.
- *Do not use more than the mouth.
- *Notify your doctor if you are taking a missed dose or incinerate or think remaining dose as soon as possible.
- *Do not double doses. as soon as possible, even if pregnant,
- *Store at room temperature for next dose. if you
- Nervousness, throat irritation, contact your doctor if heartbeat, breathing, severe nausea/vomiting, or changes occur,
- ADVERSE EFFECTS (may require treatment. Protect from light, cold, and heat.
- *Trouble breathing, contact your doctor if heartbeat, breathing, severe nausea/vomiting, or changes occur,
- heartburn, chest pain, mood changes, unusual bruising, muscle cramps, irregular

*Updated 06/10/98.

Exhibit - 53

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1 CERTIFICATE

2 COMMONWEALTH OF MASSACHUSETTS

3 SUFFOLK SS.

4 I, SUSAN A. ROMANO, Certified Shorthand
5 Reporter No. 119393, Registered Merit
6 Reporter and Notary Public in and for the
7 Commonwealth of Massachusetts, do hereby
8 certify that the witness whose deposition
9 is hereinbefore set forth, was duly sworn
10 and that such deposition is a true record
11 of the testimony given by the witness.

12 I further certify that I am neither
13 related to or employed by any of the
14 parties in or counsel to this action, nor
15 am I financially interested in the outcome
16 of this action.

17 In witness whereof, I have hereunto set
18 my hand and seal this 25th day of June
19 2006.

20

21

Susan A. Romano

22

23

Susan A. Romano, Notary Public

24

My commission expires April 21, 2006

* DEPOSITION ON JUNE 29, 2006 AT 10: AM.



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Direct Dial: 617.557.0039
Toll Free: 866.814.0039
Toll Free Fax: 866.557.0041
www.jackdanielreporting.com

141 Portland Street, Suite 200
Boston, Massachusetts 02114

Exhibit #6

MASSACHUSETTS GENERAL HOSPITAL
PHYSICAL THERAPY

Ambulatory Care Division
COST CENTER 575

ALL BOLD FACE AREAS MUST BE COMPLETED

Referral Source

 153 156

Dismissal Disposition

 190 829

Dismissal Disposition

Complete if patient has been sent to this service by another M.D.:

Referring M.D.

Referral/Authorization Number

Complete to identify special billing

considerations:

Date of Onset

Program Code....

Date Treatment Began

Date plan estab./Last reviewed

Date	Req Area
PATIENT IDENTIFICATION AREA	
10/05/1954 F	
ENC# 115482945	03/28/2000

371 95 05

BENITEZ, FLAVIA D

122 WALFORD WAY

APT 344

CHARLESTOWN, MA 02129

MASS HEALTH

FULL FREE SERVICE

PCP: NONE, PHYSICIAN 99992

PROVIDERS MUST COMPLETE BOLD FACE AREA BELOW

Provider Code

Is this routine Post-Op Care?

YES

NO

Were the symptoms presenting/services rendered of an emergent nature, requiring immediate evaluation and/or treatment?

YES NO

TEST CODE Please Check

CPT CODE

→ (See back for diagnosis codes)

Evaluation

- 101 PT Initial Evaluation
- 102 PT Re-Evaluation

- 97001 Relative value assumes 30 min
- 97002 Medicare ea 30 day. To reflect a change in status, plan, goals

Supervised modality or Therapeutic Intervention (all non-timed)

- 110 Hot or cold packs
- 111 Mechanical traction
- 112 Electrical stimulation
- 115 Whirlpool
- 151 Therapeutic procedure(s), group

- 97010 Limit 1 per session
- 97012 Document specific parameters
- 97014 Unattended (interferential, TENS trial)
- 97022
- 97150 Direct care, 2 or more with PT/PTA

Direct contact modality, per 15 min

- 121 Electrical stimulation (manual)
- 122 Iontophoresis
- 124 Ultrasound

- 97032 TENS Education
- 97033 Limit 1 unit per session
- 97035 Limit 1 unit per session

Direct contact intervention, per 15 min

- 131 Therapeutic exercises
 - 132 Neuromuscular re-education
 - 133 Gait training
 - 135 Massage
 - 136 Prosthetic training
 - 137 Therapeutic activities-functional
 - 138 Self-care/home management training
 - 139 Community/work reintegration training
 - 140 Wheelchair management/propulsion training
 - 141 Development of cognitive skills
 - 142 Manual Therapy Techniques
 - 154 Orthotics fitting and training
- 97110 Strength, endurance, ROM, flexibility. 1:1 with PT/PTA
 - 97112 Movement, balance, coordination, posture, kinesthetic sense, proprioception
(except for w/prosthetic, see 97520)
 - 97116
 - 97124 Effleurage, petrissage, etc; CPT
 - 97520 Includes gait, do not use with 97116
 - 97530 Dynamic activities to improve functional performance
shoewear recommendations, body mechanics
 - 97535 ADL's compensatory training, safety, backcare, instruction in use of adaptive equipment
 - 97537 Shopping, transportation, avocational activities work task/environment modification/analysis
 - 97542 Including wheelchair seating
 - 97770 Attention, memory, problem solving
 - 97140 Soft tissue/joint mobilization; manipulation; manual traction
 - 97504 Complete fabrication of orthotics

Tests and measurements per 15 min

- 161 Checkout for orthotic/prosthetic use
- 162 Physical performance test or measurement

- 97703 For established pt, modification of inserts/orthotics/shoewear
- 97750 With written report (eg: LIDO, Balance system)

ASSIGNMENT OF BENEFITS AND RELEASE OF INFORMATION

I hereby authorize my insurance benefits be paid directly to the Massachusetts General Hospital or its associated physician group(s) and acknowledge that I am responsible for any balance not covered by those benefits. I authorize the Massachusetts General Hospital to release information requested concerning my care to insurers paying such benefits.

032700